

(Agency Name/Logo)

CERTIFICATE OF APPROVAL

The Department of Social Services has fully approved

Provider Name:

Residing at (911 Address):

as a Provider
(Resource, Foster, Treatment Foster, Adoptive, Foster/Adopt)

This certificate is issued in accordance with the established standards and regulations of the Virginia Board of Social Services and with the limitations specified by the local human/social service agency as follows:

Maximum # of Children	Gender	Age	Other Specifications

This certificate is not transferable and will be in effect from through unless revoked for non-compliance with standards and regulations or failure to comply with the specifications stated above. It is issued upon inspection and approval of:

(Agency)
Date _____

By _____
(Agency Representative)

Title _____